



Niagara Peninsula Aboriginal Area Management Board

P. 519-751-8333 F. 519-751-8334 www.npaamb.com

CLIENT INTAKE ASSESSMENT

OFFICIAL USE

FORMS OF IDENTIFICATION : _____ VISUAL VERIFICATION:	Has the applicant ever registered with NPAAMB at one of its affiliated sites: Verified in KETO:
	If YES, what location?

PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE SECTIONS

CLIENT PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIAL(S)	COMMON NAME	D.O.B. (yyyy/mm/dd)	AGE	
CURRENT ADDRESS			CITY	PROVINCE	POSTAL CODE	
TELEPHONE NUMBER(S)			EMAIL	GENDER		
SOCIAL INSURANCE #	FNMI ANCESTRY	FNMI NUMBER	FNMI LOCATION			
PREFERRED LANGUAGE (SELECT ALL THAT APPLY) English French FNMI Other: _____	FINANCIALS (SELECT ALL THAT APPLY)		EMPLOYMENT	MARITAL STATUS	DEPENDENTS	
	OW ODSP Worker: _____ Employment EI WSIB Lives with Parents Family Dependent (OW/ODSP) Other: _____		Employed Casual/Seasonal Unemployed Underemployed Self-employed		AGE	GENDER

CLIENT EDUCATION & TRAINING INFORMATION

1. HIGHEST LEVEL OF EDUCATION (Copy of Transcript)	CERTIFICATE/ DIMPLOMA (GRADE)	INSTITUTION SCHOOL NAME	CITY	PROVINCE	GRADUATE	STREAM/ AREA OF STUDY	
2. TRADES	LEVEL/CERTIFICATE	INDUSTRY	REGISTRATION LOCATION/PROVINCE		VALID YES/NO	EXPIRY DATE (YYYY/MM/DD)	
3. CERTIFICATIONS	CERTIFICATION NAME	LEVEL	INSTITUTION NAME			PROVINCE	EXPIRY DATE (YYYY/MM/DD)
OTHER CERTIFICATIONS							
4. OTHER LANGUAGE	LANGUAGE READING	LANGUAGE WRITING		LANGUAGE LISTENING	LANGUAGE SPEAKING		
5. Driver's License	CLASS		PROVINCE OF REGISTRATION		EXPIRY DATE (YYYY/MM/DD)		



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CLIENT EMPLOYMENT INFORMATION

EMPLOYMENT HISTORY INFORMATION

PRESENT EMPLOYER COMPANY NAME	JOB TITLE	START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)	WAGE	REASON FOR LEAVE
PREVIOUS EMPLOYER COMPANY NAME	JOB TITLE	START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)	WAGE	REASON FOR LEAVE

EMPLOYMENT SOUGHT

TYPE OF EMPLOYMENT SOUGHT SELECT ALL THAT APPLY	DURATION SELECT ALL THAT APPLY	GOALS/NEEDS	INDUSTRY	WILLING TO RELOCATE
P/T F/T Permanent Temporary Casual Self-Employment	Permanent Temporary Seasonal Contract Other: _____			Yes No Location of Interest: _____

CLIENT ASSESSMENT INFORMATION – LOCLA AREA PRIORITIES

No grade 12	Youth – in school	Youth – unemployed
Youth unskilled laborer	Youth – single parent	Youth at home in a single parent family
Youth unskilled Service Worker	Literacy	Non-Targeted



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CLIENT NEEDS ASSESSMENT INFORMATION

Disclosure of Physical, Emotional and Mental Health

DETERMINE NEEDS

Career Decision Making – *What does the client bring? (i.e.: registration, ID, what information are they searching for? What do they want to do? Goals? Find out client abilities. (i.e. career exploration, diagnostic assessment, employment counseling)*

Skills Enhancement – *What skills are they currently obtaining, (i.e.: school) What do they want to acquire? Lack of marketable skills? (i.e. skills, work, occupational training, self-employment)*

Job Search – *Are they seeking employment? What kind? (i.e. employer referral, Job search preparation job supports)*

Employment Maintenance – *Barriers to maintaining employment: (retention supports, referral agencies)*

COUNSELLING INFORMATION (CAREER DECISION MAKING, SKILL ENHANCEMENT)

Resume & Cover Letter (select all that apply):

None Hard Copy Electronic Copy Pending Template Provided Updates Required Cover Letter

CLIENT ACTION PLAN

EMPLOYMENT GOALS:

PLAN TO SUCCEED:



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BARRIERS TO EMPLOYMENT

Physical, emotional, mental, health barriers
Disclosure of mental health issues/disabilities
Employment placement suitability (i.e.: special needs)
Incomplete education
Mobility
Developmental/ Intellectual
Language
Lack of child/dependent care
Lack of labour force attachment
Other barriers not listed: _____

Resume
Lack of work experience
Lack of transportation
Hearing
Vision
Economics
Lack of marketable skills
Remoteness
Job starts supports? _____

ADDITIONAL INFORMATION:

Have you worked with an Employment Ontario Service Provider in the past?

Are you still working with them?

If Yes Providers Name: _____

Organization Name: _____

Contact Information: Tel: _____ Ext: _____

NOTES:

PARTICIPATION IN TRAINING AND EMPLOYMENT SUPPORTS ARE BASED ON A FINANCIAL NEEDS DETERMINATION



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CLIENT INTAKE ASSESSMENT

CONSENT AND

RELEASE OF INFORMATION

This consent and release of information is intended to allow the Niagara Peninsula Aboriginal Area Management Board (NPAAMB) to retain my personal information and use it to verify eligibility for potential program/financial assistance. The information will be kept in the strictest of confidence as per NPAAMB's Confidentiality Policies, locked in filing cabinets and for the use only by authorized personnel. The information will be maintained on a database established by NPAAMB to improve programs and services delivered by NPAAMB.

I, _____ certify to the best of my knowledge that the above information is accurate and complete. I understand that it may be subject to verification by NPAAMB and/or HRSDC/Service Canada. I am aware that the staff members of NPAAMB may access this information and may be reviewed during a Regulatory Audit. I give my consent for this information to be collected and disclosed through verbal/written communications in accordance with the Personal Information Protection & Electronic Data Act. I agree that my personal information may be disclosed to appropriate employers, educational institutions and NPAAMB affiliated offices and agencies. I agree to report to NPAAMB when there are any changes in the above information. Privacy: Information in this agreement will be shared with Service Canada for the purpose of determining eligibility and for the purpose of evaluating the results of the program. Information, when provided to Service Canada, is protected under the Privacy Act and that you have the right to obtain access to that information from Service Canada.

CONSENT TO RECEIVE EMAIL ACCORDING TO CANADA'S NEW ANTI-SPAM LEGISLATION

I, _____ do hereby give my consent to receive emails from Niagara Peninsula Aboriginal Area Management Board (NPAAMB) in regards to - e.g., marketing emails, programs and services updates, promotion and/or newsletters.

CONSENT TO RELEASE INFORMATION TO THIRD PARTIES

I, _____ understand that by signing this form, I am granting Niagara Peninsula Aboriginal Area Management Board (NPAAMB) permission to release my information for verification purposes to any third party requests.

PHOTO RELEASE & MEDIA RELEASE

I, _____ grant the Niagara Peninsula Aboriginal Area Management Board (NPAAMB), its representatives and employees permission to take photographs/video of me. I authorize NPAAMB, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that NPAAMB may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

PRINT NAME CLIENT

SIGNATURE

DATE (YY/MM/DD)

PRINT NAME PARENT/GUARDIAN

SIGNATURE

DATE (YY/MM/DD)

PRINT NAME YSO

SIGNATURE

DATE (YY/MM/DD)